

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be additional reimbursement for date of service 11/30/01.
 - b. The request was received on 03/04/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA-1500
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
Response Untimely
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 06/20/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 06/24/02. The response from the insurance carrier was received in the Division on 07/09/02. Based on 133.307 (i) the insurance carrier's is untimely so the Commission shall issue a decision based on the request.
4. Notice of additional information submitted by the requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/12/02
"The reason code 01999 is being used is that it correctly identifies the anesthetic technique, as well as, the surgical approach when one is performing a lumbar facet injection. The technique involved in performing a facet injection, both from the anesthetic standpoint as well as from the technical standpoint, is identical to the approach and technique used for a lumbar discogram....This area then is anaesthetized with local anesthetic....the patient is given intravenous anesthetic agents to sedate the patient. Both procedures are done with the patient awake, but under sedation....The approaches and anesthetic techniques are identical."
2. Respondent: The response was untimely.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 11/30/01.
2. Per the provider's TWCC-60, the amount billed is \$200.00; the amount paid is \$80.00; the amount in dispute is \$120.00.
3. The carrier denied the additional reimbursement amount by code, "N – ANESTHESIA PROVIDED FOR A SURFACE PROCEDURE WILL BE REIMBURSED FOR UNITS BASED ON TIME, PHYSICAL STATUS AND QUALIFYING CIRCUMSTANCES."
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Codes	MARS	REFERENCE	RATIONALE:
11/30/01	01999	\$200.00	\$80.00	N	DOP	MFG AGR (A); CPT descriptor	MFG AGR (A) states, "Anesthesia care may include but is not limited to general, regional, or monitored anesthesia care, supplementation of local anesthesia, or other supportive services in order to afford the patient the anesthesia care deemed optimal by the anesthesiologist or...(CRNA) during any procedure." The medical documentation indicates the service was rendered as billed. Reimbursement in the amount of \$120.00 is recommended.
Totals		\$200.00	\$80.00				The Requestor is entitled to additional reimbursement in the amount of \$120.00.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$120.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 2nd day of October 2002.

Donna M. Myers
Medical Dispute Resolution Officer
Medical Review Division

DMM/dmm